

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09785243</i>	FILING DATE <i>02-16-01</i>		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1						51			
2	1						52			
3	1						53			
4	1						54			
5	1						55			
6	1						56			
7	1						57			
8	1						58			
9	1						59			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	9									
TOTAL DEP.	0	↓	↓	↓						
TOTAL CLAIMS	9									